

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026539

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No.

Registrar's No. 108

STATE FILE NUMBER

FILED JUL 30 1962

1. PLACE OF DEATH

a. COUNTY

Daviness

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural Grand River Twp. 13 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2 Mi. South Jameson

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Daviness

c. CITY

OR

TOWN

Rural Grand River Twp.

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS

2 Mi. South Jameson

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Grover

Cleveland

Hoyle

4. DATE
OF
DEATH

Month

Day

Year

July

21

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-26-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm Owner

11. BIRTHPLACE (City and state or country)

Daviness Co. Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Hoyle

13b. MOTHER'S MAIDEN NAME

Anna Feurt

14. NAME OF HUSBAND OR WIFE

Lillian Hoyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

NO.

54

17. INFORMANT

Address

Mrs. Lillian Hoyle, Jameson, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Mon. 1962

7-21-62

and last saw her

him alive on 7-25-62

Death occurred at

6:15 P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Do not use title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-24-1962

23c. NAME OF CEMETERY OR CREMATORY

Brown Cemetery

23d. LOCATION (City, town, or county)

Gallatin, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Hope Funeral Home, Gallatin, Mo. 7-27-1962

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Date mailed to Dr. 7-22-1962

Date received from
Dr., duly signed 7-27-62

SEP 11 1962
AUG 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed A. L. Richesson

Licensed Embalmer No. 3302

P.O. Address Fallston, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.